Reliability and Congruence of Targets and Practices in Mental Health Assessments, Service Plans, and Treatment Plans

John Young, M.A.
Eric L. Daleiden, Ph.D.
Bruce F. Chorpita, Ph.D.
Jason Schiffman, Ph.D.
Charles Mueller, Ph.D.

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Context for Study

- Examined treatment planning documents in CAMHD
  - Mental Health Assessment (MHA)
  - Coordinated Service Plan (CSP)
  - Mental Health Treatment Plan (MHTP)

MHA $\rightarrow$ CSP $\rightarrow$ MHTP

Overview of Study

- Evaluated reliability of the Service Guidance Review Form (SGRF)

- Based on the Monthly Treatment Progress Summaries (MTPS)

- Used data from reliability tests to determine congruence between treatment planning documents

Description of Content

- Reliability study using SGRF showed it to be reliable among CAMHD coders
- Earlier MTPS study found about 6 targets and 13 practices per month
- SGRF data set showed about 7 targets and 8 practices per document

Congruence

- Analyzed how often practices and targets recommended in one phase of treatment appeared in other phases
- If a code was recommended in one document and also appeared in another document it was *retained;* if not it was *dropped*
- Three kinds of comparisons to make:
  - MHA-CSP
  - CSP-MHTP
  - MHA-MHTP

Overall Congruence

- 50% retention determined to be a good approximate level for both targets and practices

- In all comparisons actual retention was significantly lower than this value

Congruence Findings

- Most retained targets
  - Substance Use
  - School Refusal/Truancy
  - Positive Family Functioning
  - Academic Achievement
  - Oppositional/Non-Compliant Behavior
  - Positive Peer Interaction

Congruence Findings

- Most dropped targets
  - Treatment Planning/Framing
  - Peer Involvement
  - Low Self-Esteem
  - Activity Involvement
  - Attention Problems
  - Anxiety
  - Depressed Mood
  - Community Involvement
  - Information Gathering

Congruence Findings

- Most retained practices
  - Cognitive/Coping
  - Family Therapy
  - Counseling
  - Educational Support
  - Twelve-step Programming
  - Communication Skills

Congruence Findings

- Most dropped practices
  - Peer Modeling/Pairing
  - Parenting
  - Self-Monitoring
  - Psychoeducation – Child
  - Antecedent Management
  - Anger Management
  - Activity Scheduling
  - Relaxation
  - Medication/Pharmacotherapy

Critical Items

Target	MHA-CSP	CSP-MHTP	MHA-MHTP
Psychosis	1.00	0.00	.67
Runaway	.80	.60	.44
Safe Environment	.83	1.00	1.00
Self-Injury	.80	.83	.67
Sexual Misconduct	.67	1.00	.67
Suicidality	.86	.75	.83

Conclusions/Recommendations

- SGRF can be reliably used in CAMHD by a single trained rater for ongoing quality assurance purposes
- Congruence between treatment planning documents was low
- Future studies should look at ways to enhance the congruence between treatment planning stages

But how?

- Congruence could potentially be enhanced through use of an existing measure, the MTPS
- Attach a completed MTPS to every treatment planning document
- Review previous document's MTPS before making recommendations
- Use SGRF to routinely assess congruence and give feedback to individual centers

Contact Information

johnyoun@hawaii.edu